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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

		<b>Attorney Docket Number</b>	I-2-152.1US
		<b>First Named Inventor</b>	Zeira et al.
<b>COMPLETE IF KNOWN</b>			
	<b>Application Number</b>	Not Yet Known	
	<b>Filing Date</b>	Not Yet Known	
	<b>Group Art Unit</b>	Not Yet Known	
	<b>Examiner Name</b>	Not Yet Known	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SUPPORT OF MULTIUSER DETECTION IN THE DOWNLINK**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/180,402	02/04/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <input style="border: 1px solid black; width: 100px; height: 15px; vertical-align: middle;" type="text" value="24374"/> → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C. and InterDigital Communications Corporation			

<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <input style="border: 1px solid black; width: 100px; height: 15px; vertical-align: middle;" type="text" value="24374"/> OR <input type="checkbox"/> Correspondence address below			
Name	VOLPE AND KOENIG, P.C. DEPT ICC		
Address			
Address			
City		State	
Country		Telephone	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Ariela			Zeira				
Inventor's Signature						Date	4/26/01
Residence: City	Huntington	State	NY	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	239 West Neck Road						
Post Office Address							
City	Huntington	State	NY	ZIP	11743	Country	U.S.A.
<input checked="" type="checkbox"/> Additional inventors are being named on the <input style="border: 1px solid black; width: 15px; height: 15px; vertical-align: middle;" type="text" value="1"/> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

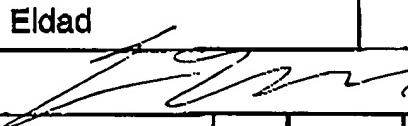
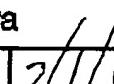


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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

<b>Name of Additional Joint Inventor, If any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Eldad		Zeira					
Inventor's Signature							 2/1/01 Date
Residence: City	Huntington	State	NY	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	239 West Neck Road						
Post Office Address							
City	Huntington	State	NY	ZIP	11743	Country	U.S.A.
<b>Name of Additional Joint Inventor, If any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Alexander		Reznik					
Inventor's Signature							Date
Residence: City	Princeton	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	1 West Drive, Apt. E10						
Post Office Address							
City	Princeton	State	NJ	ZIP	08540	Country	U.S.A.
<b>Name of Additional Joint Inventor, If any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Stephen E.		Terry					
Inventor's Signature							 2/1/01 Date
Residence: City	North Port	State	NY	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	15 Summit Avenue						
Post Office Address							
City	North Port	State	NY	ZIP	11768	Country	U.S.A.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Eldad		Zeira				
Inventor's Signature						Date
Residence: City	Huntington	State	NY	Country	U.S.A.	Citizenship
Post Office Address	239 West Neck Road					
Post Office Address						
City	Huntington	State	NY	ZIP	11743	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Alexander		Reznik				
Inventor's Signature	<i>Alexander Reznik</i>					01/30/2001 Date
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Post Office Address	1 West Drive, Apt. E10					
Post Office Address						
City	Princeton	State	NJ	ZIP	08540	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Stephen E.		Terry				
Inventor's Signature						Date
Residence: City	North Port	State	NY	Country	U.S.A.	Citizenship
Post Office Address	15 Summit Avenue					
Post Office Address						
City	North Port	State	NY	ZIP	11768	Country

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